

DISTRICT BUS REQUEST

REFERENCE NUMBER: _____

Chicago Police Department/Bureau of Patrol (PLEASE PRINT OR TYPE LEGIBLY)

DISTRICT: _____

EVENT DATE: _____

PICK-UP TIME: _____

NUMBER OF BUSES: _____

TODAY'S DATE: _____

NUMBER OF ADULTS: _____

NUMBER OF CHILDREN: _____

PICK-UP LOCATIONS (3 STOPS PER BUS MAXIMUM)

ADDRESS: _____

NAME OF BUILDING (IF APPLICABLE): _____

DESTINATION: _____

ADDRESS: _____

EVENT: _____

RETURN INFORMATION

PICK-UP TIME: _____

LOCATION: _____

EVENT CONTACT

NAME: _____

ORGANIZATION: _____

DAY PHONE: _____

EVENING PHONE: _____

FAX NUMBER: _____

CELL/PAGER: _____

ORDERED BY (CITY EMPLOYEE INFORMATION)

NAME: _____

TITLE: _____

PHONE: _____

CELL/PAGER: _____

NAME OF BUS COMPANY REPRESENTATIVE: _____

SUBMIT COMPLETED DISTRICT BUS REQUEST FORM TO THE COMMUNITY RELATIONS DIVISION TWO WEEKS PRIOR TO EVENT.

Admin135@chicagopolice.org

CANCELED BY (CITY EMPLOYEE INFORMATION)

NAME: _____

TITLE: _____

PHONE: _____

DATE / TIME: _____

NAME OF BUS COMPANY REPRESENTATIVE: _____

SUBMIT BUS CANCELLATION INFORMATION TO THE COMMUNITY RELATIONS DIVISION IMMEDIATELY.
UNIT WILL BE CHARGED A FEE FOR BUSES NOT CANCELED 24 HOURS PRIOR TO AN EVENT.

CPD-21.709 (REV. 6/17)